



School of Audiology and Speech Sciences
 The University of British Columbia
 2177 Wesbrook Mall
 Vancouver, BC V6T 1Z3

Phone: (604) 827-4500
 Fax: (604) 822-6569

EVALUATION OF STUDENT PERFORMANCE MINOR EXTERNSHIP: AUDI 579 – AUDIOLOGY

Student: _____ Clinical Educator: _____
 Agency: _____ Externship Dates: _____

Please complete this form and review it with the student clinician. Fax or mail the completed form to Clinical Assistant within one week of the completed externship. Fax (604) 822-6569.

(N/A) Not applicable U) Unsatisfactory (S) Satisfactory (E) Excellent

| Professional Skills: | |
|--|--------------------|
| Respects confidentiality in all professional activities. | N/A U S E |
| Projects professional manner in appearance, preparation, punctuality, and communication with other staff/clients. | N/A U S E |
| Demonstrates interest in the clinical placement. Listens, asks questions, participates and contributes to discussion with Clinical Educator. | N/A U S E |
| Knows professional limits and stays within boundaries of experience. Asks for help when needed. | N/A U S E |
| Clinical Skills: | |
| Applies academic information to the clinical process. | N/A U S E |
| Demonstrates understanding of the role of the audiologist and indicators for referral. | N/A U S E |
| Demonstrates understanding of the process of referral to discharge for your program. | N/A U S E |
| Makes pertinent observations about clients. | N/A U S E |
| Modifies language level according to the needs of the client. | N/A U S E |
| Actively assists in clinical sessions under guidance and supervision. | N/A U S E |

In General, overall performance of this student was (circle one): Unsatisfactory Satisfactory Excellent

Comments:

 Clinical Educator Signature

 Student Signature